

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <b>NAME OF FILER</b><br>ROBERT ROSANIA, INCLUDING MAXIMUS REAL ESTATE PARTNERS AND AFFILIATED ENTITIES |  |   | <b>Date of This Filing</b> <u>09/29/2020</u> | Date Stamp<br><br><br><br><br><br><br>Page 1 of 3 | <div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;">             CALIFORNIA FORM 497           </div> For Official Use Only |
| AREA CODE/PHONE NUMBER<br>(415)316-0120  | I.D. NUMBER (if applicable)<br>1382383 | <b>Report No.</b> <u>LCR # 1972</u>   |  |   |  |
| STREET ADDRESS   |  | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br><small>(explain below)</small> |  |   |  |
| CITY<br>SAN FRANCISCO  | STATE<br>CA                            | ZIP CODE<br>94110   | <b>No. of Pages</b> <u>3</u>                 |   |  |

## Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *   | IF AN INDIVIDUAL<br>ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|--|--|---|-----------------|
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                 |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                 |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                 |

### \*Contributor Codes

|   |                                   |
|---|-----------------------------------|
| IND - Individual                                  | PTY - Political Party             |
| COM - Recipient Committee (other than PTY or SCC) | SCC - Small Contributor Committee |
| OTH - Other                                       |                                   |

Reason for Amendment:

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| STREET ADDRESS   |  |                   | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below) |   |   |
| CITY<br>SAN FRANCISCO  | STATE<br>CA                            | ZIP CODE<br>94110 | <b>No. of Pages</b> 3  |   |   |

## Late Contribution(s) Made

| DATE MADE  | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | CANDIDATE AND OFFICE<br>OR<br>MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION<br>(IF APPLICABLE) |
|------------|---|--|------------------------|-------------------------------------|
| 09/28/2020 | NO ON PROP 21: CALIFORNIANS FOR RESPONSIBLE HOUSING, A COALITION OF SENIORS, VETERANS, AFFORDABLE HOUSING ADVOCATES<br>San Rafael, CA 94901<br><br>ID# 1421884 Memo Reference: EXP:S497:8 | PROPOSITION 21<br>STATEWIDE                            | \$28,300.00            |                                     |
|            |   |  |                        |                                     |
|            |   |  |                        |                                     |
|            |   |  |                        |                                     |
|            |   |  |                        |                                     |

Reason for Amendment:

Memo Reference: EXP:S497:8  
MADE THROUGH AFFILIATED ENTITY: RP MAXIMUS COVE OWNER, LLC (SAME ADDRESS)

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